



SICK LEAVE DONATION REQUEST FORM

Recipient Employee Information

Employee Name: _____

Employee Number: _____

Job Title/Department: _____

Date of Hire: _____

Donated sick leave will be used: From: _____ To: _____ Total hours needed: _____

Applicants must be regular full-time employees of the City of Mesquite who suffer from an illness, injury, impairment, or physical or mental condition which is of an extraordinary or sever nature which has caused, or is likely to cause, the employee to be on leave without pay status. Applicants must exhaust all accumulated sick and annual leave before the use of donated sick leave can be requested.

Certification of Recipient Employee: Explanation of illness/injury/condition and expected length of absence:

I have read the City of Mesquite's Sick Leave Donation Policy and agree to abide by its terms and conditions.

Recipient Employee's
Signature: _____ Date: _____

Approved by: _____ City Manager

Date: _____

cc: Personnel Dept.

Inter-office mail on donation request was sent out on _____ by _____
Date Name

Note: At a later date if the Recipient Employee of donated sick leave has accrued a balance of more than one hundred sixty (160) hours, he/she should consider reimbursing the employee(s) that previously donated sick leave time to them.